

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

12409-62-048617
STATE FILE NUMBER
62-048617

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3840 Humphrey</u>		d. STREET ADDRESS (If outside, give location) <u>3840 Humphrey</u>	
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle Last <u>Napoli</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 23, 1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own house</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u>
13a. FATHER'S NAME <u>Dominick Caleca</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gastella</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT <u>Joseph Napoli</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12/23/62</u>	
DUE TO (b) <u>Acute Esophageal Paralysis</u>		<u>9/1/62</u>	
DUE TO (c) <u>Bulbar Progressive Paralysis</u>		<u>4/5/62</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>3560</u>	
20c. TIME OF INJURY Hour <u>6</u> a.m. p.m. Month, Day, Year <u>12-23-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	
21. I attended the deceased from <u>6-5-62</u> to <u>12-23-62</u> and last saw her alive on <u>6-4-62</u> Death occurred at <u>8 AM</u> on <u>12/23/62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/24/62</u>	
22a. SIGNATURE <u>Nicholas J. Tale, M.D.</u>		22b. ADDRESS <u>7150 Natural Bridge Rd</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 27, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24. FUNERAL DIRECTOR <u>Miceli 1150 No. Kingshighway</u>		25. DATE REC'D. BY LOCAL REG. <u>DEC 26 1962</u>	
26. REGISTERAR'S SIGNATURE <u>Roan Smith, M.D.</u>		27. COUNTY <u>Mo.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

9/1/62
Helen S. Taylor
12-20-62
C. J. Fowler

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1
2 216
3
4 1
5 1
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7 2
8 2
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10
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12 90-0
13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Kahl

Licensed Embalmer No. 4576

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.